

1.) CORPORATION NAME:

Mirixa Corporation

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1715848**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11600 SUNRISE VALLEY DRIVE
SUITE #100

CITY/ST/ZIP: RESTON, VA 20191

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	HUGH CHANCY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11600 SUNRISE VALLEY DRIVE #100		
CITY/ST/ZIP/CO:	RESTON, VA 20191		

NAME:	DAVID EHRHARDT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11600 SUNRISE VALLEY DR #100		
CITY/ST/ZIP/CO:	RESTON, VA 20191		

NAME:	HOLLY HENRY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11600 SUNRISE VALLEY DR #100		
CITY/ST/ZIP/CO:	RESTON, VA 20191		

NAME:	JENNY MORGAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11600 SUNRISE VALLEY DR #100		
CITY/ST/ZIP/CO:	RESTON, VA 20191		

NAME:	DOUG HOEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11600 Sunrise Valley Dr Suite 100		
CITY/ST/ZIP/CO:	Reston, VA 20191		

NAME:	Chris Dimos	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11600 Sunrise Valley Dr Suite 100		
CITY/ST/ZIP/CO:	Reston, VA 20191		

NAME: KAREN LITSINGER TITLE: SECRETARY ADDRESS: 11600 Sunrise Valley Dr Suite 100 CITY/ST/ZIP/CO: RESTON, VA 20191	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	-----------------------------------

NAME: SHERRY MARSALA TITLE: TREASURER ADDRESS: 11600 Sunrise Valley Dr Suite 100 CITY/ST/ZIP/CO: RESTON, VA 20191	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
---	---	-----------------------------------

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ KAREN LITSINGER	KAREN LITSINGER, SECRETARY	6/11/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.